

DISTRIBUTION		
SANTA FE	/	
FILE	/	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	/
OPERATOR	/	
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO RECOMPLETION AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

OCT 19 1977

O.C.C.

ARTESIA, OFFICE

Operator		MONSANTO COMPANY ✓	
Address		1330 Midland NBT Midland, Texas 79701	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change In Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	COVERT COM.	Well No.	1	Pool Name, Including Formation	DAGGER DRAW - MORROW	Kind of Lease	State, Federal or Fee	FEE	Lease No.	
Location										
Unit Letter	F	1980	Feet From The	North	Line and	1980	Feet From The	West		
Line of Section	6	Township	20S	Range	25E	NMPM,	Eddy	County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
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Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Natural Gas Pipeline Co., of N. A. America				Wall Towers East, Midland, Texas 79701		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	10/21/77

If this production is commingled with that from any other lease or pool, give commingling order number: ---

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded	11/14/76	Date Compl. Ready to Prod.	1/26/77	Total Depth	9460	P.B.T.D.	9383	
Elevations (DE, RKB, RT, GR, etc.)	GL 3560	Name of Producing Formation	Morrow	Top Oil/Gas Pay	9292-9182	Tubing Depth	9166	
Perforations	9292-9304					Depth Casing Shoe	9455	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	400'	Cmt to surface w/ 500 Sx					
12 1/4"	9 5/8"	1300'	Cmt to surface w/ 750 Sx					
8 3/4"	5 1/2"	9455'	Cmt w/ 800 Sx.; TC @ 7140					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
210 CAOF	4 Hrs.	None	---
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1689#	Packer	1"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


E. M. Schott (Signature)
Regional Prod. Mgr.

10/18/77

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 19 1977, 19

BY W. A. Gressett

SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.